

Title: Perinatal Provider Training

Organization: Illinois Department of Public Health

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Topical Issues of Focus: Provider training; successful collaborations between programs to prevent perinatal HIV

Background

An assessment of providers of perinatal services (outside of Chicago) conducted for the HIV/AIDS program in 1998 by the Midwest Training and Education Center (MATEC) indicated that only 65 percent of the respondents were routinely offered HIV counseling and testing during prenatal care, and 81 percent of prenatal care included HIV education. Of the 195 respondents, 53 percent reported they did not offer pre-HIV test counseling to their patients. Ten percent of the providers who have delivered the infant of an HIV positive patient and 18 percent of those with at least one HIV positive patient reported that they are not implementing the ACTG076 guidelines. The data also show community hospitals and the private sector are less likely to offer counseling and testing than public or academic institutions.

Our training objectives are:

- By 12/03, increase to 100 percent the proportion of pregnant women who are receiving prenatal care are also receiving HIV prevention counseling and are being offered HIV testing.
- By 12/03 increase to 75 percent the number of local WIC, Healthy Start, Family Planning, and MCH prenatal providers who routinely provide information on reducing perinatal transmission to female clients who are pregnant or likely to become pregnant.

Methods

Our project aims to provide direct technical assistance and training to all birthing hospitals in the state outside of Chicago. Our private collaborative partner, Pediatric AIDS Chicago Prevention Initiative (PACPI), provides training to the birthing hospital staff within Chicago. Staff of both organizations have provided technical assistance on integrating HIV counseling and testing and prevention services with prenatal, maternal and child health services. Training on HIV prevention and perinatal transmission was also provided to WIC and Healthy Start providers. We have provided hands-on training to hospital staff to address barriers to testing and prenatal care. During 2002 MATEC staff assisted with the training of providers within Chicago.

The key partners in providing direct technical assistance and training to birthing hospitals have been MATEC (outside of Chicago), and PACPI (in the Chicago area). Both have done a yeoman job in training nursing and medical staff, providing social service and public health support.

The success of these efforts will be evaluated at the end of 2003, when the providers survey is re-administered. By the end of the year perinatal network administrators are

planning to add two questions to their review form. Those questions are: (1) Was an HIV status recorded? (2) At the time of delivery were the prenatal records available? Our evaluators will compare and contrast both sets of data. In 2002 an Intra/Postpartum survey was administered throughout the state. The survey was offered to all women shortly after they gave birth, and included a series of questions about their prenatal care. Specifically, the survey questioned women about the information they received regarding HIV, the benefits of HIV testing during pregnancy, how HIV can be treated to prevent perinatal transmission, and how to protect themselves from HIV infection. Our biostatisticians are currently analyzing this data set.

In June 2000 MATEC began conducting the provider survey in the six Cook County networks. The survey was completed in December 2000 and was completed by 491 providers at 37 of the 66 network hospitals. The survey showed that more than 93 percent of providers reported that testing is routinely offered to all pregnant women in their practice setting. We have interpreted the findings conservatively as the results are based entirely on the self-report of providers regarding their own clinical practices.

In 2000 and 2001 staff received a limited number of requests for training. In 2002 the provider-training paradigm was shifted; CDC funds were used to build on existing HIV programs.

Provider Training:	1999	2000	2001	2002
# provider training sessions	0	4	16	44
# providers trained	0	115	341	726

Results

Our major provider training accomplishments are:

1. Participants feel the training is of value and is therefore able to provide ongoing health education.
2. Participants have indicated training has helped them understand how the HIV counseling, testing, referral and partner notification services are consistent with state laws.
3. Participants understand the need to integrate the pretest HIV counseling into the prenatal care activities and provide information to women and men.

Our provider training is meeting objectives. Most of the providers understand the need for compliance with CDC recommendations to offer HIV counseling and testing to all pregnant women and if the women test positive for HIV, to offer antiretroviral therapy.

Conclusions

The major lesson learned is that the Health Department and its partners must focus on more physicians and nurse midwives. Our greatest challenge was increasing the number of providers who received training from this funding source, and that challenge is being overcome by increasing face to face contact with essential perinatal providers, and by offering education and providing training at their meeting site.